

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

J2
B2

PLAINTIFF <i>James A. Fleming # 150479</i>	COURT CASE NUMBER <i>9:13-CV-3377-DCN-BM</i>
DEFENDANT <i>Medical Nurse et al</i> <i>William Brown et al</i>	TYPE OF PROCESS <i>Civil</i>

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>William Brown</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>4444 Broad River Rd Columbia SC 29210</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<i>1</i>
<div style="border: 1px solid black; padding: 5px;"> <i>James A. Fleming #150479</i> <i>K E I M S U</i> <i>4344 Broad River Rd</i> <i>Columbia SC 29210</i> </div>		Number of parties to be served in this case	<i>6</i>
		Check for service on U.S.A.	<i>2/21/14</i>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

William is an officer of the SCDC

RECEIVED
 FEB 21 PM 12:42
 U.S. MARSHALS
 COLUMBIA, SC

Signature of Attorney or other Originator requesting service on behalf of: <i>James A. Fleming</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <i>N/A</i>	DATE <i>11/22/13</i>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>71</i>	District to Serve No. <i>71</i>	Signature of Authorized USMS Deputy or Clerk <i>Brenda Richmond</i>	Date <i>2/21/14</i>
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)	<table border="1"> <tr> <td>Date of Service <i>3/3/14</i></td> <td>Time am pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy</td> </tr> </table>	Date of Service <i>3/3/14</i>	Time am pm	Signature of U.S. Marshal or Deputy	
Date of Service <i>3/3/14</i>	Time am pm				
Signature of U.S. Marshal or Deputy					

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee <i>8.00</i>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *2/27/14 1st ENDR Cert mail RR \$13.29*
(SCDC could not accept)

SA

I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct*Brenda Richmond*PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)
(Instructions Rev. 12/08)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

William T. Brown



2. Art

7011 1150 0001 6756 4038

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

☐ Agent☐ AddresseeDoes delivery address differ from item 1? ☐ YesIf yes, give delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

RESTRICTED DELIVERY



CA 13-3377

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540